



PATIENT

Zoey Dudley

SPECIES

Canine

BREED

Labrador Ret

SEX

FS

AGE

10yr

WEIGHT

74lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Hawkesworth-Heft

INVOICE 24634

DATE
04/27/2026

PRESENTING CLINICAL SIGNS

Patient presented to clinic on 4/9 for diarrhea with some blood. No vomiting and acting normal otherwise. Treated supportively with fluids, metronidazole, and fortiflora. Patient presented on 4/23 for vomiting, lethargy, and weight loss. No diarrhea after supportive treatment and was doing better from last visit but now feces in dark and tarry like. Vomitus was pink and foamy. Weight in this timeframe has went from 79 to 73. Negative fecal from 4/9 including giardia. Has SQ masses confirmed as lipomas. Not on any NSAIDs or other meds other than dasaquin. Radiographs with consult findings:

Abnormal PE/Chem/CBC/UA Results: CBC: RBC: 9.16 HCT: 64.8 (suspected by lab to be polycythemia) HGB: 22.2 Lymph: 0.90 Eosin: 0.04 MPV: 13.5 Chemistry: Amylase: 2,028 Lipase: 3,471 CPL: 804 PE: Mild tachypnea, weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.5 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic non-shadowing ingesta sonographically suggestive of food echogenicity and mild lumen gas with no signs of ileus, obstruction or foreign material.

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Canine

The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. Primarily empty intestinal lumen with segmental, similar appearing non-shadowing ingesta / chyme. No obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with current formed to semi formed feces in lumen.

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10yr

Primary

- Sonographically normal visualized gastrointestinal tract with mild non-shadowing gastrointestinal ingesta-consistent with food / chyme.
- Normal visible colon wall with current formed to semi-formed fecal matter.
- Normal area of pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

No visible sonographic evidence of gastroenterocolic mural pathology or active pancreatitis. Microscopic gastroenterocolic disease may present sonographically normal as well as mild pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted. Supportive care for nonspecific to structurally insignificant gastroenterocolopathy and possible mild pancreatitis indicated.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Sonographic reassessment if persistent or progressive gastrointestinal signs or weight loss is recommended. Screening three view chest radiographs suggested.

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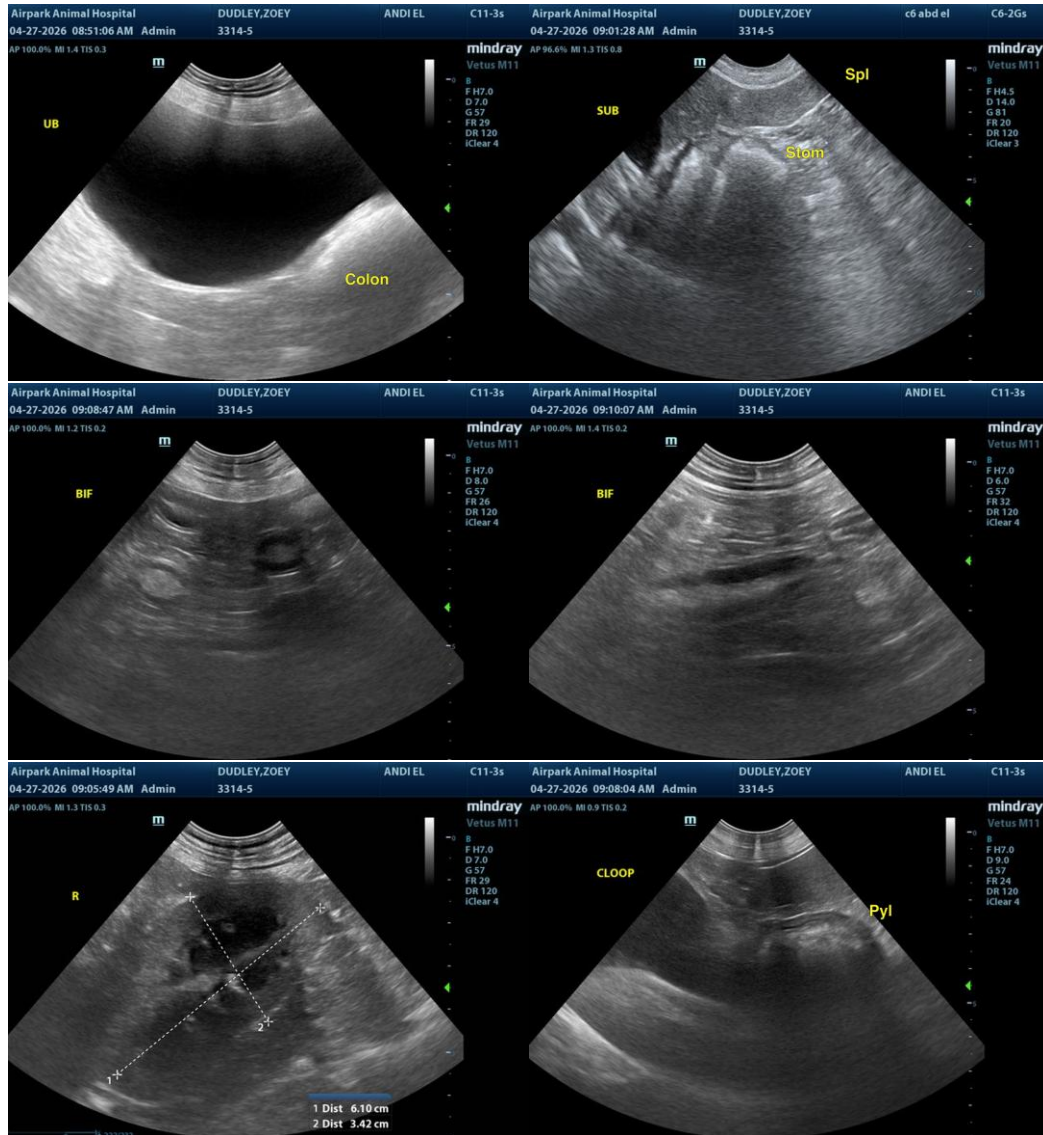
Dr. Hawkesworth-Heft

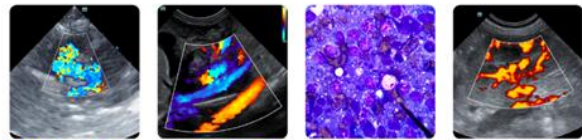
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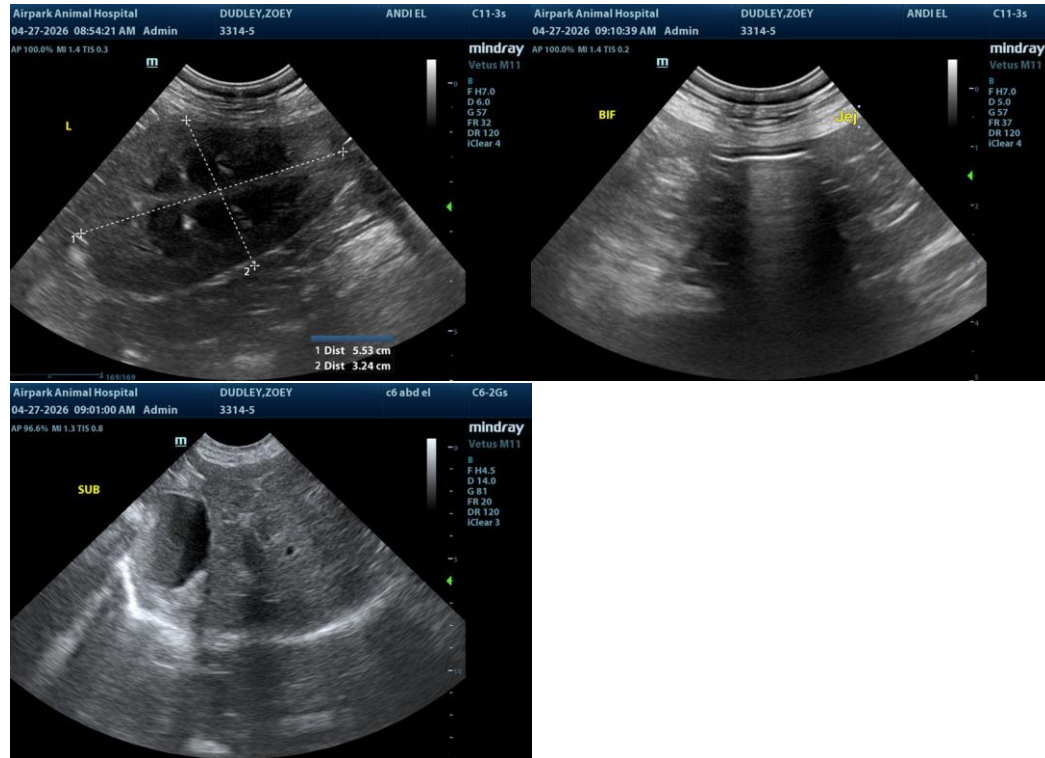
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com